

TECHNICAL REPORT OF U.S. ARMY AIRCRAFT ACCIDENT PART XIII - FIRE (To be completed for all events involving fire) For use of this form, see DA Pamphlet 385-40; the proponent agency is OCSA.					REQUIREMENTS CONTROL SYMBOL CSOCS-309		
1. FIRE STARTED (Check D - Definite S - Suspected)		D	S	4. IGNITION SOURCE (Continued)		D	S
a. Inflight		<input type="checkbox"/>	<input type="checkbox"/>	i. Static Electricity		<input type="checkbox"/>	<input type="checkbox"/>
b. Upon Impact (Less than 1 minute)		<input type="checkbox"/>	<input type="checkbox"/>	m. Other (Specify)		<input type="checkbox"/>	<input type="checkbox"/>
c. Upon Impact (More than 1 minute)		<input type="checkbox"/>	<input type="checkbox"/>	n. Undetermined		<input type="checkbox"/>	<input type="checkbox"/>
d. During Refueling		<input type="checkbox"/>	<input type="checkbox"/>	5. COMBUSTIBLE MATERIAL		D	S
e. Other (Specify)		<input type="checkbox"/>	<input type="checkbox"/>	a. Main Fuel		<input type="checkbox"/>	<input type="checkbox"/>
f. Undetermined		<input type="checkbox"/>	<input type="checkbox"/>	b. Auxiliary Fuel		<input type="checkbox"/>	<input type="checkbox"/>
2. INDICATIONS OF FIRE (More than one may apply. Enter 1, 2, or 3 to show sequence)				c. Hydraulic Fluid		<input type="checkbox"/>	<input type="checkbox"/>
a. <input type="checkbox"/> Fire Warning System		d. <input type="checkbox"/> Smell	g. <input type="checkbox"/> Other (Specify)	d. Engine Oil		<input type="checkbox"/>	<input type="checkbox"/>
b. <input type="checkbox"/> Other Instruments		e. <input type="checkbox"/> Explosion (Sound)	e. Transmission Oil		<input type="checkbox"/>	<input type="checkbox"/>	
c. <input type="checkbox"/> Sight		f. <input type="checkbox"/> External Commo	f. Electrical Insulation		<input type="checkbox"/>	<input type="checkbox"/>	
3. INITIAL AND PRINCIPAL LOCATION OF FIRE (Enter 1 to indicate initial location, 2 to indicate principal location)		D	S	g. Acoustical Materials		<input type="checkbox"/>	<input type="checkbox"/>
a. Engine Section				h. Metal (Specify)		<input type="checkbox"/>	<input type="checkbox"/>
b. Transmission Section				i. Explosives		<input type="checkbox"/>	<input type="checkbox"/>
c. Cockpit				j. Upholstery Materials		<input type="checkbox"/>	<input type="checkbox"/>
d. Tail Assembly				k. Cargo		<input type="checkbox"/>	<input type="checkbox"/>
e. Passenger Section				l. External Material (Specify)		<input type="checkbox"/>	<input type="checkbox"/>
f. Baggage Compartment				m. Other (Specify)		<input type="checkbox"/>	<input type="checkbox"/>
g. External Stores				n. Undetermined		<input type="checkbox"/>	<input type="checkbox"/>
h. Ammunition Stores				6. FIRE EXTINGUISHING SYSTEM		a. Gnd	b. Aircraft
i. Avionic Section				(1) No Effect When Discharged		<input type="checkbox"/>	<input type="checkbox"/>
j. APU				(2) Activated, But Did Not Discharge		<input type="checkbox"/>	<input type="checkbox"/>
k. Wheel Well				(3) Reduced Fire		<input type="checkbox"/>	<input type="checkbox"/>
l. Wheel Brake				(4) Extinguished Fire		<input type="checkbox"/>	<input type="checkbox"/>
m. Tail Pipe				(5) Not Activated And Not Near Fire		<input type="checkbox"/>	<input type="checkbox"/>
n. Instrument Panel				(6) Not Activated, But Near Fire		<input type="checkbox"/>	<input type="checkbox"/>
o. Battery Compartment				(7) Not Installed		<input type="checkbox"/>	<input type="checkbox"/>
p. Heater Compartment				7. FIRE SMOKE DETECTION SYSTEM		Yes	No
q. Fuel Cell (Specify)				a. System Installed		<input type="checkbox"/>	<input type="checkbox"/>
r. Wing				b. Warning System Operated Properly		<input type="checkbox"/>	<input type="checkbox"/>
s. Gun Turret				c. Sensors Within Range of Smoke/Fire		<input type="checkbox"/>	<input type="checkbox"/>
t. Tail Boom				8. EFFECT OF EMER SHUTOFF PROCEDURE (Enter D, S, or U)		Undet	
u. Cargo Section				a. Extinguished Flame		Eng	Fuel
v. Tires				b. Reduced Fire			Elect
w. Other (Specify)				c. No Effects			
x. Undetermined				d. Not Accomplished			
4. IGNITION SOURCE		D	S	e. Used Faulty Procedure			
a. Exhaust Flames		<input type="checkbox"/>	<input type="checkbox"/>	9. GENERAL DATA			
b. Sparks, Friction, e.g., Skidding		<input type="checkbox"/>	<input type="checkbox"/>	a. Est of Aircraft Fire Damage (Excl of impact damage)			
c. Electrical Sparks		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100%			
d. Hot Surfaces, e.g., Exhaust Ducts		<input type="checkbox"/>	<input type="checkbox"/>	b. Fire Dimension: To Clear Fire, Aircraft Occupants Had To Move (feet):			
e. Aircraft Subsystem		<input type="checkbox"/>	<input type="checkbox"/>	c. Toxicity: Was There Evidence of Toxic Products?			
f. Aircraft Occupant, e.g., Lighted Cigar		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
g. External of Aircraft, e.g., Grass Fire		<input type="checkbox"/>	<input type="checkbox"/>	d. Distance To Nearest Available Military Firefighting Equipment (1) Air Miles (NM): <input type="checkbox"/> (2) Road Miles (SM): <input type="checkbox"/>			
h. Cargo		<input type="checkbox"/>	<input type="checkbox"/>	e. G-Force Activated Fire Extinguishing System Functioned As Designed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
i. Explosives		<input type="checkbox"/>	<input type="checkbox"/>	10. REMARKS (Use additional sheet if required)			
j. Short Circuit		<input type="checkbox"/>	<input type="checkbox"/>	11. CASE NO. a. Date (YYYYMMDD) b. Time c. Acft Serial No.		12. OTHER ACFT SERIAL NO.	